

New Jersey State Department of Education
Office of Licensure and Credentials

NAME CHANGE REQUEST

Please note that name change requests require that we reprint your current certificate(s) with your new name. In order for your name change request to be processed, this form must be completed in its entirety. Incomplete forms will be returned. Concerned with the proliferation of identity theft, the department now requires submission of multiple forms of identification *and* the surrender of previously issued certificates that will be invalidated once the requested name change has been processed.

A. Type of Request. Select the *one* option that applies to your request for a name change.

Check-off which applies	
	This request requires the reprinting of certificates which were previously issued. Complete sections B through H, and follow Section I directions. A fee of \$60.00 is required for each certificate to be reprinted.
	I have not been issued any certificates in New Jersey. Complete sections C through G. No fee is required.

IMPORTANT! Regardless of the type of request you are submitting, **completion of Section J is mandatory. Requests received without this section complete will be returned.**

B. Reprinting of Certificates. Indicate the number of certificates you currently hold that you want reprinted. **FEE REQUIRED: For each reprinted certificate a fee of \$60.00 is required.**

		Fee Total
Enter the number of certificates to be reprinted.	Per certificate fee.	
_____ X	\$60.00	\$

Please remember to enclose your certified check or money order for the amount in the "Fee Total" column made out to the "Commissioner of Education" for duplicate certificates on which the new name printed in Section C below will appear.

C. New Name. Please print your new name as it appears on any documentation that you are required to submit (per Section F).

Last Name	First Name	Middle Name/Initial

D. Previous Name. Please print your previous name as it appears on your current certificate(s). If you are an applicant – and have no current certificates – enter the name that appeared on your submitted application for certification.

Last Name	First Name	Middle Name/Initial

E. Has your address changed? Indicate if the address you will enter into Section F is a new address for you. Circle the correct response.

My address has changed, along with my change in name.	Yes	No
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PLEASE COMPLETE SECTIONS ON NEXT PAGE

F. Licensee's Current Address and Identification Information					
Street Address					
City		State		Zip	
Social Security Number		Date Of Birth	Month	Day	Year

G. SUBMISSION OF IDENTIFICATION INFORMATION
<p>The licensee is required to submit <i>no less than three</i> types of identification, including the mandatory photocopy of an individual's social security card, on which the licensee's new name must appear. Clear and legible photocopies of the card and papers should be attached to this form.</p> <p>Once completed, the form, any attachments, and your payment, if applicable, should be forwarded to: New Jersey State Department of Education, Office of Licensure and Credentials, P.O. Box 500, Trenton, New Jersey, 08625-0500. Attention: Name Change Request.</p>

ACCEPTABLE DOCUMENTATION	
	Indicate with check-mark if attached.
<p>SOCIAL SECURITY CARD. A photocopy of the applicant's social security card <i>must</i> be submitted as one of three types of identification for the purpose of changing an individual's name. If your card has been lost, a replacement will need to be issued. To request a replacement card, please contact the Social Security Administration at 1-800-772-1213 or go to http://www.ssa.gov/ssnumber and click on Replacement Card. The remaining two items may be selected from the items listed below. Change requests that do not include a photocopy of the social security card, will be rejected.</p> <p><i>In addition to a copy of the applicant's social security card, select 2 of the following items for submission.</i></p>	<p>REQUIRED</p>
1 Valid Marriage License	
2 Certificate of Birth (Raised Seal Copy)	
3 Valid New Jersey or Out-of-State Auto Operator License	
4 United States Passport (current or expired within 3 years)	
5 Adoption Papers	
6 Certificate of Citizenship	
7 Certificate of Naturalization	
8 Valid United States Military Photo ID Card	
9 Valid New Jersey Non-Driver Digital ID Card	

PLEASE COMPLETE SECTIONS ON NEXT PAGE

STATUS OF LICENSES ISSUED UNDER YOUR OLD NAME

1. Type of License (Elementary School, English, Student Personnel Services): List all licenses issued under your old name.

2. Date of Issuance:
(mm/dd/yyyy)

Status Indicator

Reprint with new name

NOT FOR REPRINT

3. This license is in my possession and it is enclosed as per Section I.

4. This license is not in my possession. It is listed in Section K: Notarized Statement of Loss.

5. This license is in my possession and it is enclosed as per Section I.

6. This license is not in my possession. It is listed in Section K: Notarized Statement of Loss.

I. IDENTIFYING LICENSES FOR SURRENDER OR AS LOST	
It is now required that were previously issued under your old name be surrendered to the department and will be invalidated once the requested name change has been received and processed. Before new certificates reflecting your requested name change can be issued, you will need to identify those certificates with your old name that you have in your possession and those that you do not, regardless of whether they are to be reprinted with your new name or not.	
For those licenses entered in Section H above:	NEXT STEPS
If you checked Columns 3 and 5 above	SURRENDER AND RETURN OF PREVIOUSLY ISSUED LICENSES. WHERE THESE OLD LICENSES ARE IN YOUR POSSESSION. Regardless if a license is to be reprinted or not, you are asked to enclose the certificate(s) to be surrendered, along with this completed form and your payment (certified check only) and to mail these items to the address below.
If you checked Columns 4 and 6 above	WHERE YOUR OLD LICENSES ARE NOT IN YOUR POSSESSION. Regardless if a license is to be reprinted or not, where the license is not in your possession, you must complete Section K on Page 5.

J. CERTIFICATION	
Responses to the following two questions are mandatory. Failure to complete these items will result in rejection of the candidate's application for certification.	
	Circle which applies below
Have you ever had a certificate revoked or suspended in this or any state?	Yes No
Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States?	Yes No

Mail this request, any enclosures, and your payment to:
<p>New Jersey State Department of Education Office of Licensure and Credentials P.O. Box 500 Trenton, New Jersey 08625-0500</p> <p>Attention: Name Change Request</p>

Applicant's Signature	Date (mm/dd/yyyy)

<p>IF YOU CHECKED COLUMNS 4 AND 6 UNDER SECTION H ABOVE, YOU MUST COMPLETE SECTION K ON THE NEXT PAGE</p>
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K. NOTARIZED STATEMENT OF LOSS

Where certificates previously issued to you are no longer in your possession (e.g., lost), please enter the information for each certificate as entered in Section H above. It is repeated here for the purposes of notarization.

List of Previously Issued Certificates No Longer in Your Possession

[illegible]